

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number **015-002304**

SFUND RECORDS CTR
999000403

GENERATOR (Generator Must Complete) ALUMINUM COMPANY OF AMERICA VERNON WORKS EPA NO. CAD074126681 Address 5151 ALCOA AVE. Phone No. 588-6141 City, State, Zip VERNON, CA 90058	③ Designated TSD Facility (Authorized to operate under an approved state program or federal program) OPERATING INDUSTRIES, INC. EPA NO. CAD080012024 Address 900 N. POTRERO GRANDE DR. City, State, Zip MONTEREY PARK, CA	④ Alternate TSD Facility CHEMICAL WASTE MANAGEMENT INC. EPA NO. CAT000646117 Address P.O. BOX 1104, 430 W. ELM AVE. City, State, Zip COALINGA, CA 93210
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⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER: _____
WASTE					TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS
WASTE					<input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK
					<input type="checkbox"/> OTHER _____

⑥ WASTE CATEGORY 47 & 48	⑦ EX. HAZ. WASTE PERMIT NO. _____	⑧ GENERATING PROCESS ALUMINUM FABRICATION
LIST COMPONENTS: A. _____ B. _____ C. _____ D. _____	CONG. UPPER RANGE LOWER UNITS <input type="checkbox"/> % <input type="checkbox"/> ppm	CONG. UPPER RANGE LOWER UNITS <input type="checkbox"/> % <input type="checkbox"/> ppm
⑨ A. _____ B. _____ C. _____ D. _____	<input type="checkbox"/> % <input type="checkbox"/> ppm <input type="checkbox"/> % <input type="checkbox"/> ppm <input type="checkbox"/> % <input type="checkbox"/> ppm <input type="checkbox"/> % <input type="checkbox"/> ppm	E. _____ F. _____ G. _____ Non Hazardous Material _____ %
⑩ WASTE PROPERTIES: pH 7 <input type="checkbox"/> Toxic <input type="checkbox"/> Flammable <input type="checkbox"/> Corrosive/Irritant <input type="checkbox"/> Reactive <input type="checkbox"/> Sensitizer <input type="checkbox"/> Carcinogen/Mutagen		
⑪ PHYSICAL STATE: <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Sludge <input type="checkbox"/> Slurry <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Other WATER & OIL SLUDGE		
⑫ SPECIAL HANDLING INSTRUCTIONS: <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator <input type="checkbox"/> Other _____		

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ **81-05-01**
Signature of Authorized Agent and Title Date Shipped

TRANSPORTER (HAULER MUST COMPLETE) ⑭ NAME ASBURY OIL CO. EPA NO. CAD028277036 ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392 CITY, STATE, ZIP Gardena, California 90249	⑮ PICK-UP DATE 81-05-01 TIME 120 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM 81-05-01 Date
⑯ 81-05-01 Signature of Authorized Agent and Title Date	

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE) ⑰ NAME OPERATING INDUSTRIES, INC. EPA NO. CAT000646117 PHONE NO. _____ ⑱ QUANTITY (If Measured) 100 BBL ⑲ STATE FEE (If Any) _____ ⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: _____ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: _____ ㉒ NAME _____ EPA NO. _____	㉑ HANDLING OR DISPOSAL METHOD: <input type="checkbox"/> Surface Impoundment <input checked="" type="checkbox"/> Landfill <input type="checkbox"/> Injection Well <input type="checkbox"/> Land Treatment <input type="checkbox"/> Treatment (Specify) _____ <input type="checkbox"/> Recovery or Reuse <input type="checkbox"/> Storage/Transfer 5-1-81 Date Accepted
㉓ 8001332 Signature of Authorized Agent and Title	